

**Post-training case scenario quiz for  
 Lay Health Workers**



**INSTRUCTIONS:** Check the diagnosis that best describes the detailed case descriptions below.

<b>Full name of health worker:</b>	
<b>Date:</b>	
<b>Score:</b>	<b>/4</b>

## Case scenario # 1

A 24 year old unemployed woman has been referred by her mother to the SAWAB. She was concerned about her daughter's complaints of excessive fatigue and her apparent bizarre behaviour. Her mother reports that there had been a significant decline in functioning in the last year. In the last few months, her daughter had remained in her room and has had no social contact with anyone outside of the family household while often engaging in odd behaviours on her own.

A year ago, this young woman was engaged to marry a man of a similar background from a nearby village. She was excited about this. She and the young man would have liked to have children following the wedding. In an unexpected turn of events, he was suddenly killed in a car accident. Immediately following the funeral, she became increasingly disorganized, fatigued and isolated. She started reading a lot on the internet about the news and became very concerned that bad things would happen to her and her family. She started having difficulty taking care of herself, refusing to bathe, brush her teeth and clean her room. Newspaper articles covered her bedroom floor. The mother became increasingly concerned about her behaviour when she noticed that her daughter was talking to herself in her bedroom when alone. When prompted about this behaviour, the daughter would deny everything and would mention just feeling fatigued.

Upon first presentation with the lay health counsellor, the young lady sat with her hands tightly clasped in her lap and avoided looking at the counsellor. She appeared very poorly dressed, dishevelled and unkempt. Initially, she reiterated her chronic lack of energy. She did not appear suspicious or guarded but her facial expression was somewhat blunted. She denied feeling depressed or having any strange or bizarre ideas (delusions) or seeing or hearing things which were not there (hallucinations). However, upon further questioning, she shared more information and spent a considerable amount of time talking about the news and current events. She stated that people from the government had been communicating with her via the newspaper because she was a target of some group in the region. When discussing her decline in functioning, she said: "The government has requested I remain indoors at all times".

<b>Psychotic disorder</b>	<input type="checkbox"/>
<b>Bipolar disorder:</b>	<input type="checkbox"/>
<b>Post-traumatic stress disorder:</b>	<input type="checkbox"/>
<b>Depressive disorder:</b>	<input type="checkbox"/>

## Case scenario # 2

A 17 year old boy has been referred by an Imam from the local mosque. He has been concerned about his noticeable decline in functioning since the past two months. He has continued to attend the local mosque for daily prayer but the imam states that he has seemed somewhat withdrawn and often has tears in his eyes. He mentions that the young boy's behaviour changed about three months ago when he failed a very important exam in school. The imam was aware of the pressure he was experiencing at home to be highly successful in school. His parents had always had great aspirations with regards to their son's education but he struggled with performing well at school. The boy's latest failure had triggered a significant change in his behaviour. He had also made certain comments such as: "Life is useless", "I have disappointed my parents and am not worthy of their love", etc. which greatly worried the Imam.

It took several appointments before the boy finally agreed to meet the lay health counsellor. He was initially very reluctant on the phone and denied needing any psychological help. Upon finally meeting the health worker in person, the boy seemed distant, restless and unwilling to share any personal details. He stated that he had just been tired because of the stress he experienced at school. His other complaints concerned physical symptoms such as headaches, intestinal problems and diffuse muscle pain. Depressed mood as well as suicidal ideas were vehemently denied. However, upon additional probing, he slowly divulged feeling guilty about having failed his exam, about being unable to concentrate at school and about not being intelligent. These thoughts prevented him from sleeping as he would spend hours every night ruminating. He described feeling that he did not deserve to still be in school and to have such a wonderful family. Asked what he wanted to do later in life as a career, he said: "I will probably have a very short life so I cannot answer this question". He then disclosed that he had contemplated several times jumping in a river next to his home "to end all this suffering".

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### Case scenario # 3

A 26 year old unemployed engineering graduate has been referred by a local police officer from a nearby village. The young man is known to the police as he has been intercepted several times for erratic public behaviour. The latest one involved yelling and screaming in the local mosque while disrobing. The police officer brought the young man to his home and mentioned to his family that it was important they seek help for their son but they refused to get professional help themselves. Upon additional probing, the relatives present acknowledged that they felt somewhat humiliated by the son's behaviour and believed that it might have been caused by his use of certain drugs. They admitted that they had found shoe polish and glue sticks in his bedroom but were uncertain whether these substances could be used to intoxicate oneself.

The family then shared more details with the police officer regarding his behaviour in the previous months. They mentioned that after failing several times to find a good job, his behaviour had started to change drastically. He would stay up late at night and seemed to have a lot of energy during the day. His relatives thought that he was simply searching for jobs on the internet and consuming a lot of tea to stay up late. The father explained feeling surprised though at the fact that their son seemed to be very confident about his abilities and job perspectives even though he had been unemployed for several months. The family was reluctant to refer him to SAWAB as they felt ashamed by his somewhat irritable/aggressive behaviour in public and overt discussions of sexual matters. As such, they asked the police officer to proceed with the referral.

Following the referral by the police officer to SAWAB, the lay health counsellor encountered great difficulty to engage the young man for an initial visit. On the phone, the man would speak rapidly, jumping from one idea to the next stating that he had great ideas to make the world a better place and thus, did not have time to talk to the health counsellor. To convince him, the counsellor emphasized that he would be very interested in learning more about the young man's great ideas. The young man finally agreed to meet with the health counsellor. During the initial encounter, the health counsellor noticed that the young man was very euphoric and elated. He was easily distracted and unable to focus on one topic of conversation for more than five seconds.

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## Case scenario # 4

A 28 year old man has been referred by a work colleague to the SAWAB center. He has witnessed his friend suffering for the past year following the tragic natural disaster that devastated the region and killed all his family members except his younger sister. Immediately following the disaster, the young man experienced bereavement and grief. He was often angry, saddened and would cry spontaneously for no apparent reason. His friend felt that this was a very normal reaction to the traumatic events he had witnessed and experienced. He did everything he could to support and listen to his friend but over the next several months, he noticed that his friends' behaviour was not improving and on the contrary, was significantly deteriorating.

The young man started drinking alcohol a few months after the occurrence of the disaster and loss of his loved ones. He had never touched a single ounce of alcohol before. He said it helped him "calm his nerves" as he always felt on edge and it allowed him to "forget about everything bad that happened". He began to obtain alcohol from illicit means as there is none generally available. About 6 months ago, his consumption seemed to increase although his friend is unsure about this since he would often deny the exact number of drinks consumed. He noticed that his friend started coming in late at work or he would simply not show up stating that he had suffered insomnia due to the occurrence of vivid nightmares. His friend was skeptic as he had noticed that he would have alcohol in his breath.

Around the same time, the young man would often mention that he kept repeating in his head all the details of the disaster including how his family members had died but would avoid going back to the exact location where they had died. He felt extreme guilt for not having been able to save them alongside feelings that he should have died instead of his family. During the day and especially during the evening, he seemed very irritable and would sometimes become aggressive. He had withdrawn from all his work colleagues except his closest friend who referred him to SAWAB. This saddened him as he remembered the young man for his vitality and love of people.

Upon meeting with the lay health counsellor, he appeared numb and detached and described feeling like he could not feel any emotions anymore except guilt. He was open to receiving treatment and mentioned that he was tired of feeling scared all the time.

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